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GP #1652

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PTO/SB/21 (08-00)

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## TRANSMITTAL FORM

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b> 09/485,601 <b>Filing Date</b> May 4, 2000 <b>First Named Inventor</b> S. Strittmatter <b>Group Art Unit</b> 1652 <b>Examiner Name</b> K. Kerr <b>Total Number of Pages in This Submission</b> 2 <b>Attorney Docket Number</b> OCR-842.US
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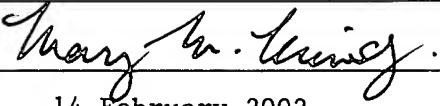
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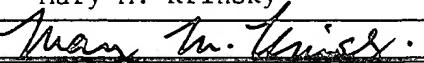
Firm or Individual name	Mary M. Krinsky 79 Trumbull Street, New Haven, CT 06511-3708	
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Date	14 February 2002	



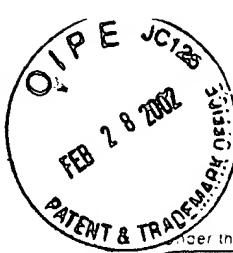
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AMENDED

**TRANSMITTAL  
FORM**

*(to be used for all correspondence after initial filing)*

AMENDED		Application Number	09/485,601
TRANSMITTAL FORM		Filing Date	May 4, 2000
(to be used for all correspondence after initial filing)		First Named Inventor	S. Strittmatter
(to be used for all correspondence after initial filing)		Group Art Unit	1652
(to be used for all correspondence after initial filing)		Examiner Name	K. Kerr
Total Number of Pages in This Submission		138	Attorney Docket Number
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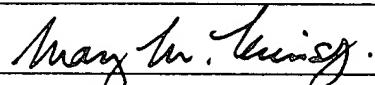
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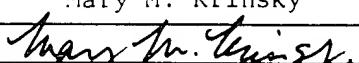
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<input checked="" type="checkbox"/> Affidavits/declaration(s) (2) <input type="checkbox"/> (27 pgs + 82 pgs refs)	<input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)  <b>postcard</b>
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Remarks	
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or individual name	Mary M. Krinsky 79 Trumbull Street, New Haven, CT 06511-3708
Signature	
Date	13 February 2002

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